

Name
in
Full

Maranda Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Hybleton* Town*Somerset* County

MARYLAND

Date of death *1907 February*Day
*17*Age *25* Years

Months

Days

Sex *Female*Color or Race *White*Birth-place *Smiths Island*Occupation
*Housework*Where Residing if not
at place of deathMarried, Single or Widowed *Married*Name of Wife or Husband *Bert Brown*Father's Name *Thomas M. Bradshaw*Father's Birthplace *Smiths Island*Mother's Maiden Name *Sime Hopman*Mother's Birthplace *Smiths Island*Name of person giving
Information *Lawrence Bradshaw*How related
to deceased *Brother*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONERPrimary *Pulmonary Tuberculosis*How long *2 yrs*

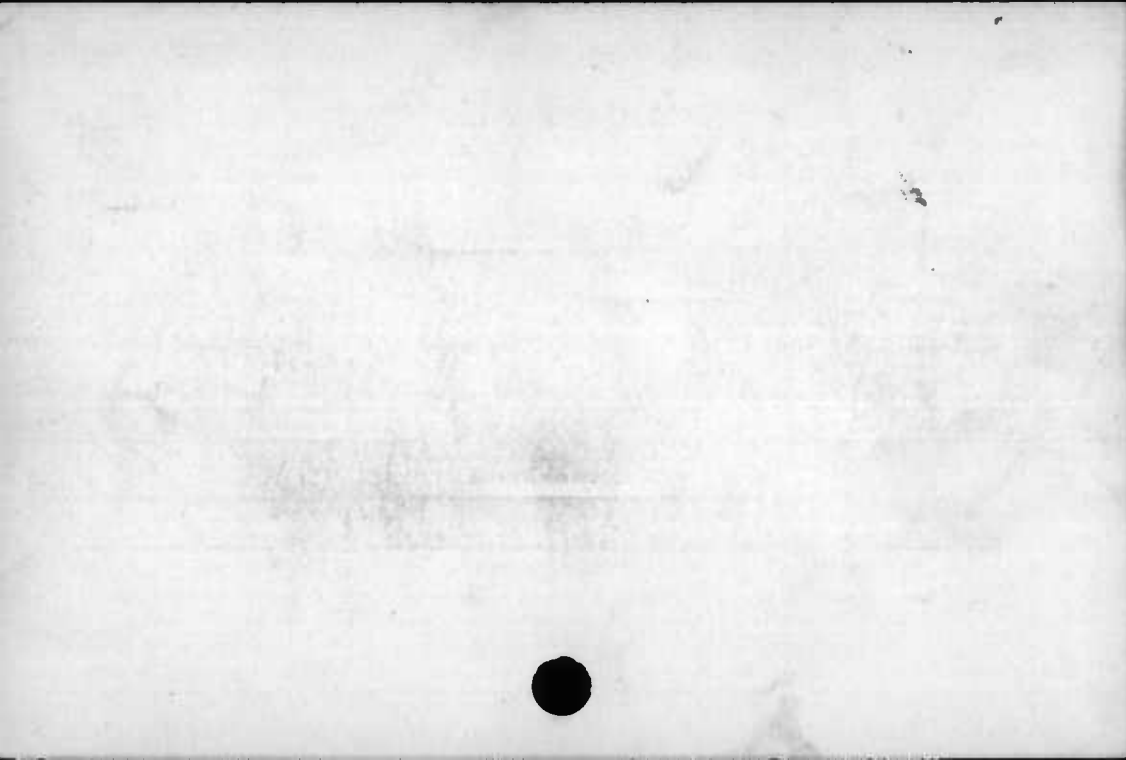
Immediate

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*R. H. Fawcett*

Address

*Cowell (Smiths Island)
Md.*

Accident or Suicide?



Name
in
Full

Bessie Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

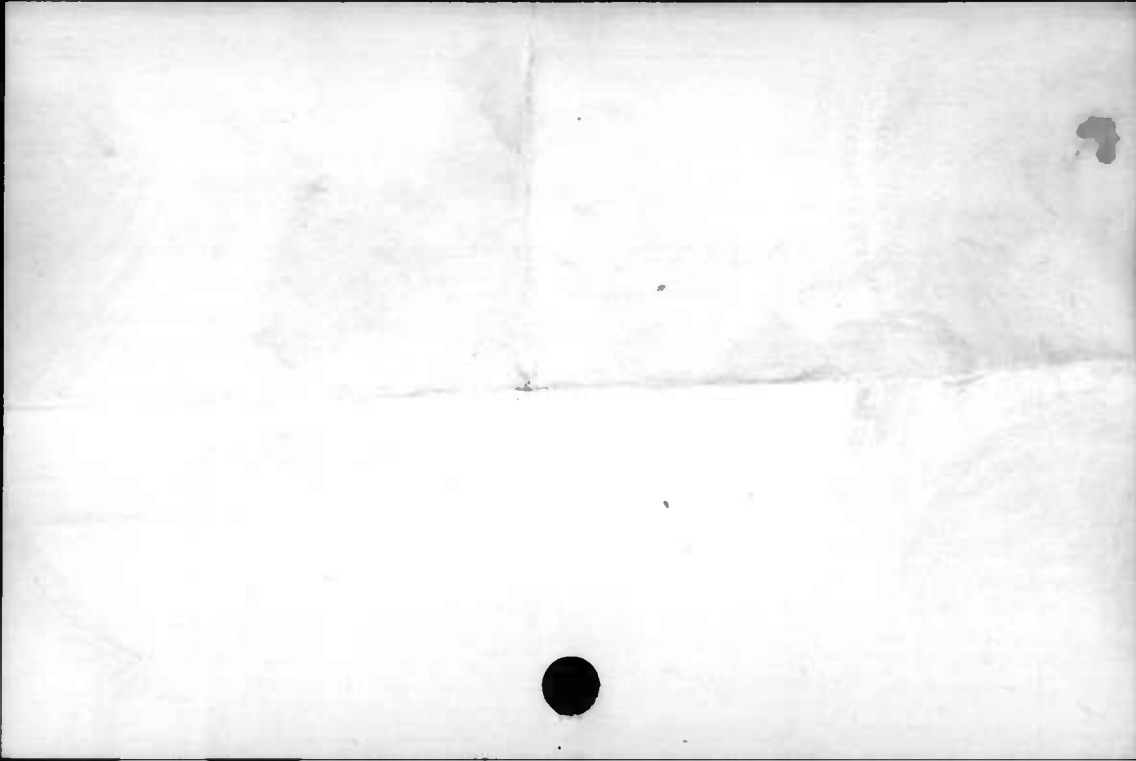
Died at <i>near 11000 Ave</i>		Town <i>Southern</i>		County	
Date of death <i>1907</i>	Month <i>Dec</i>	Day <i>20</i>	Age <i>2</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>none</i>		
Occupation <i>Schoolgirl</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Wm L Butler</i>			Father's Birthplace <i>md.</i>		
Mother's Maiden Name <i>Ella Peacock</i>			Mother's Birthplace <i>md.</i>		
Name of person giving information <i>Wm C. Richardson</i>			How related to deceased <i>Cousin</i>		

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary <i>Chronic Bronchitis complicated with whooping cough</i>	How long <i>5 mos.</i>
Immediate <i>cardiac failure & pneumonia</i>	How long <i>3 d</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas. F. ...</i>
	Address <i>Principles ...</i>
Accident or Suicide?	



Name
in
Full

Irena Gale

CERTIFICATE OF DEATH

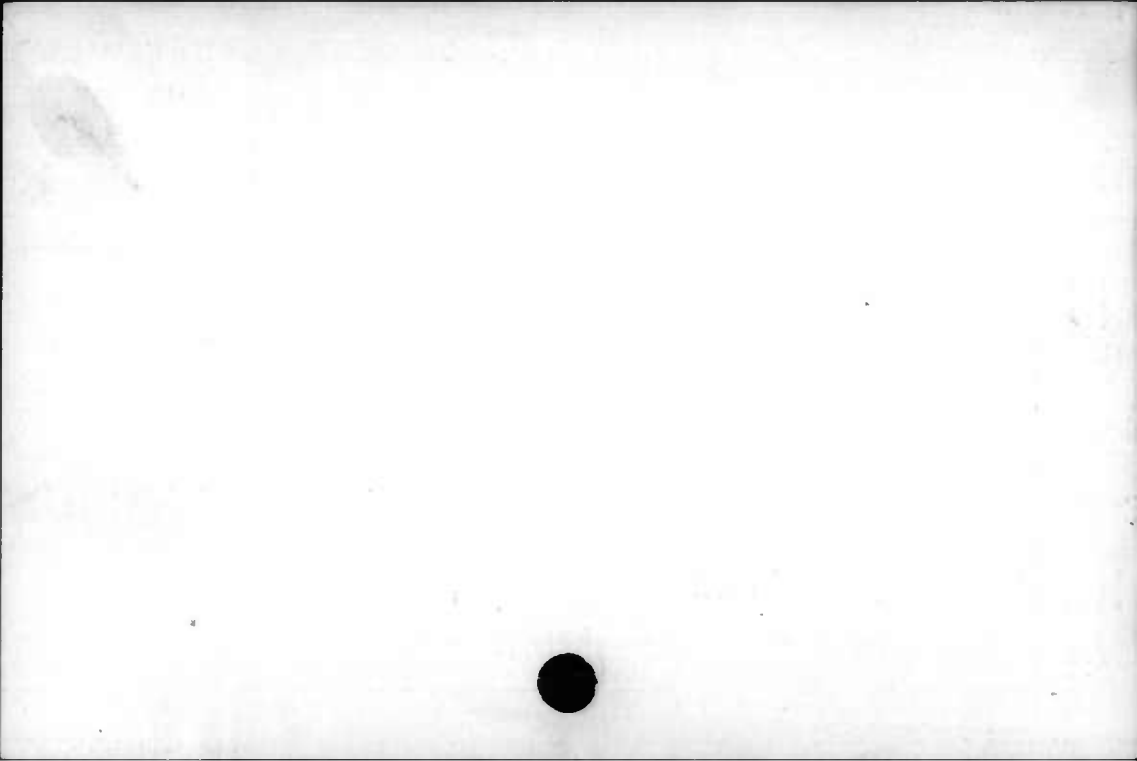
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Princess Anne</i> <small>Town</small>		<i>Somerset</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>Feb</i> <small>Month</small>	<i>15</i> <small>Day</small>	<i>✓</i> <small>Years</small>	<i>1</i> <small>Months</small>	<i>22</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>✓</i>			Where Residing if not at place of death <i>✓</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>✓</i>			
Father's Name <i>Arthur Gale</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Irena Cornish</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Arthur Gale</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i> (93)	How long	<i>2 days</i>
Immediate	<i>Aschemia</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Henry M. Lambford M.D.</i>	
		Address <i>Princess Anne</i>	
Accident or Suicide? <i>No</i>		<i>med.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

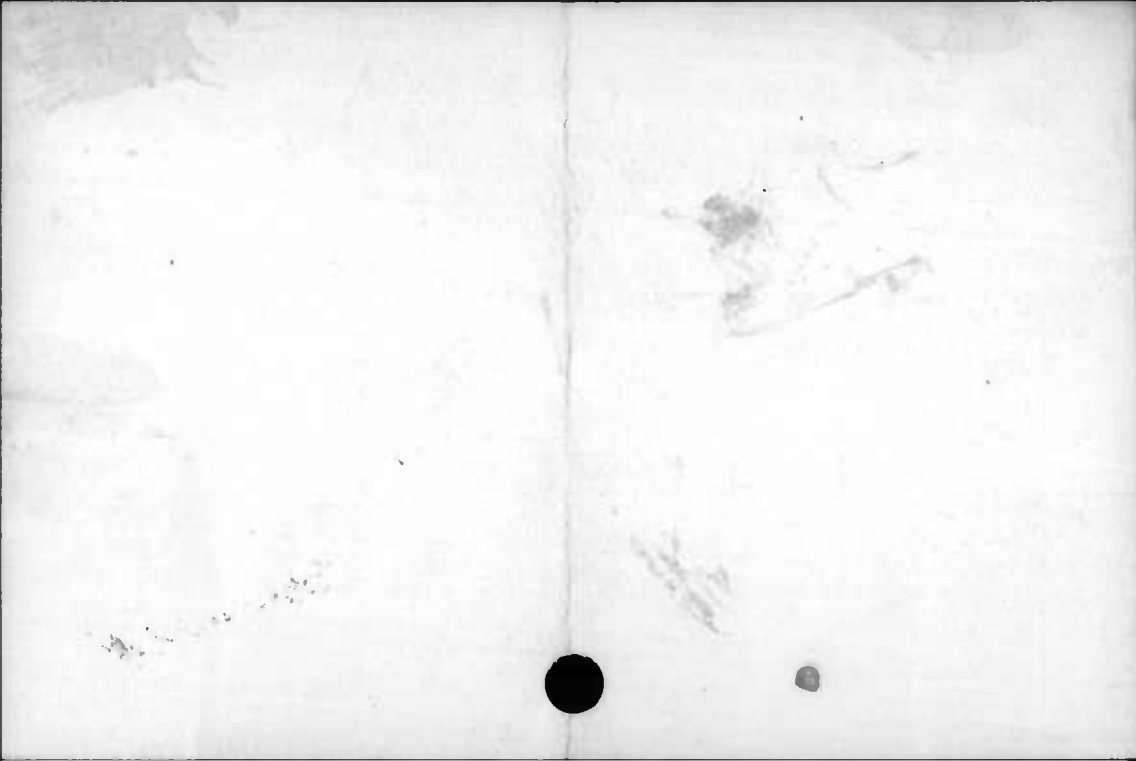
Died at		Town <i>Green Hill</i>		County <i>Somerset</i>		MARYLAND	
Date of death	190	7	Feb	Day	6	Age	1
Sex	Male		Color or Race	White		Birth-place	<i>Somerset Co</i>
Occupation	<i>Infant</i>		Where Residing if not at place of death		<i>Somerset Co</i>		
Married, Single or Widowed	-61		Name of Wife or Husband				
Father's Name	<i>George G Fleetwood</i>					Father's Birthplace	<i>Duxbury Mass</i>
Mother's Maiden Name	<i>Ellie Mullan</i>					Mother's Birthplace	<i>Somerset Co</i>
Name of person giving information	<i>George Fleetwood</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Indigestion</i>	How long	<i>six months</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>Samuel J. Lewis</i>
		Address	<i>Portsmouth, N.H.</i>
Accident or Suicide?			



Name
in
Full

Mary A. Ingersoll

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Pr. Acad.</i>		Town <i>Somerset</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb</i>	Day <i>3</i>	Age <i>70</i>	Years	Months	Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Somerset Co.</i>			
Occupation <i>Forming</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Don't know</i>					
Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Don't know</i>					
Name of person giving information <i>Henry Ingersoll</i>		How related to deceased <i>Grandson</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old Age</i>	How long <i>Several months</i>
Immediate <i>Asphyxia</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. Smith M.D. (not in attendance)</i>
	Address <i>Pomona Avenue</i>
Accident or Suicide?	<i>Over</i>

Through some mistake this
envelope had not been turned
in. No Dr in attendance.

J. J. Smith M.D.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Marion</i>		County <i>Somerset</i>		MARYLAND		
Date of death		190 <i>7</i>	Month <i>9th</i>	Day <i>8</i>	Age <i>about 70 yrs</i>	Years <i>Don't Know</i>	Months <i>Don't Know</i>	Days <i>—</i>
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Somerset Co</i>				
Occupation <i>Farmer</i>				Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Anna Jones</i>						
Father's Name <i>Arone Lord</i>		Father's Birthplace <i>Somerset Co</i>						
Mother's Maiden Name <i>Sarah Jones</i>		Mother's Birthplace <i>Ind</i>						
Name of person giving Information <i>Anna Jones</i>		How related to deceased <i>Wife</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long <i>1 week</i>
Immediate	<i>Cardiac Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. J. G. B. Allen</i>
<i>yes</i>		Address <i>Marion Ind</i>
Accident or Suicide		



Name
in
Full

Infant

Milbourn

CERTIFICATE OF DEATH

Died at Deal Island TownSomerset County

MARYLAND

Date of death 1907 Month FebDay 14thAge 10 Wks Years

Months

Days

Sex FemaleColor or Race BlackBirth-place Deal IslandOccupation —

Where Residing if not at place of death

Deal IslandMarried, Single or Widowed —Name of Wife or Husband —Father's Name Oliver MilbournFather's Birthplace Deal IdMother's Maiden Name Geneva MilbournMother's Birthplace " "Name of person giving information Mr J HarrisHow related to deceased Uncle

CAUSES OF DEATH

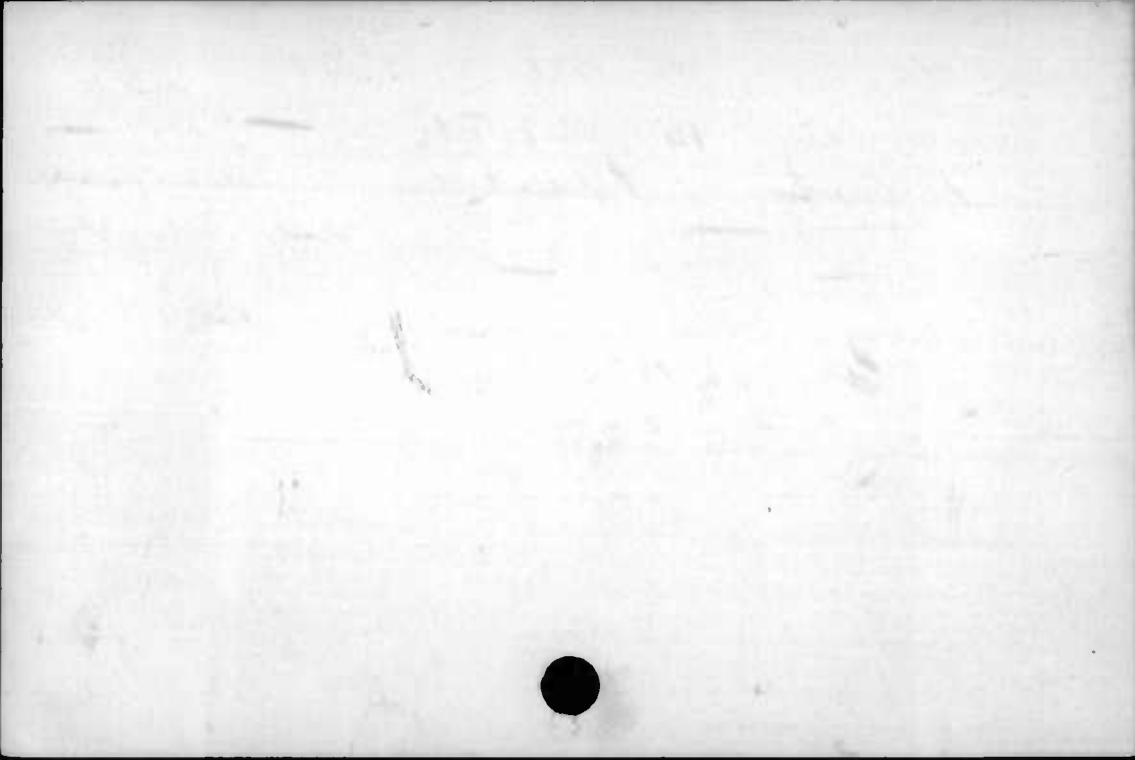
90

Primary Broncho-PneumoniaHow long 3 daysImmediate Heart-FailureHow long 3 daysAre the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician

Address

Chas. J. Schwartz
Deal Island
Ms.Accident or Suicide? —TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Luna Parks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>Leurfield</u>		County <u>Somerset</u>		MAYLAND	
Date of death		Month <u>Feb</u>	Day <u>18</u>	Years <u>7</u>	Months <u>—</u>	Days <u>—</u>	
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Mayland</u>		
Occupation	<u>None</u>			Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband <u>—</u>				
Father's Name	<u>None</u>			Father's Birthplace <u>—</u>			
Mother's Maiden Name	<u>Elta Parks</u>			Mother's Birthplace <u>Mayland</u>			
Name of person giving information	<u>G. J. Simonson</u>			How related to deceased <u>None</u>			

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<u>Broncho. Pneumonia</u>	How long <u>4 days</u>
Immediate	<u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>G. J. Simonson</u>
		Address <u>Leurfield</u>
Accident or Suicide?	<u>—</u>	<u>md</u>



Name
in
Full

CERTIFICATE OF DEATH

Hillard H. Payne

Town

County

Died at Brimbley District

Somerset

MARYLAND

Date

of death 1907

Month

2

Day

25

Age

Years

Months

3

Days

7

Sex

male

Color or
Race

white

Birth-
place

Md

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Harry H. Payne

Father's
Birthplace

Md.

Mother's
Maiden Name

Abbey C. Barnes

Mother's
Birthplace

Md.

Name of person giving
In formation

Harry H. Payne

How related
to deceased

Father

CAUSES OF DEATH

92

Primary

Bronchial Pneumonia

How long

4 days

Immediate

Sudden Collapse

How long

2 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. Williams

Address

Pocomoke City

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

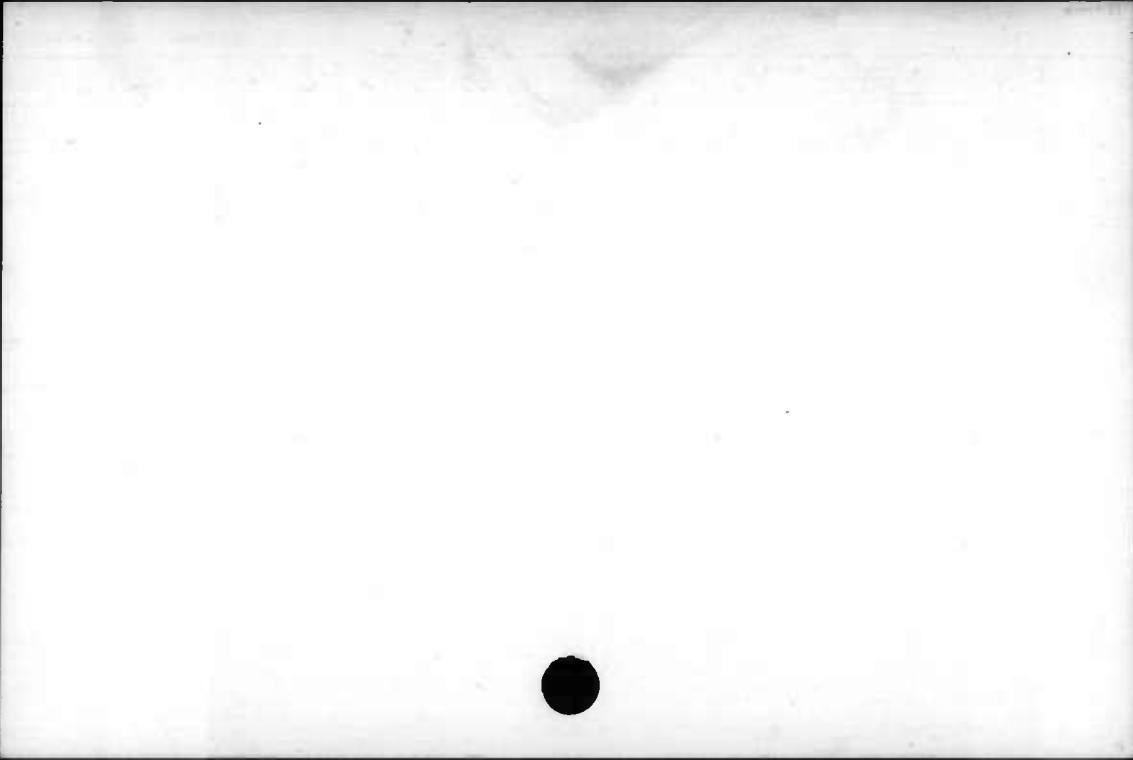
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		1907	Month	Feb	Day	12th	Age
							Years
							Months
							Days
Sex	Male		Color or Race	Colored		Birth-place	Som, Co.
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	married		Name of Wife or Husband	Aminie Jones			
Father's Name	Unknown					Father's Birthplace	Unknown
Mother's Maiden Name	Unknown					Mother's Birthplace	Unknown
Name of person giving information	Aminie Rich					How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	La grippe	How long	4 weeks
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. Spruill, M.D.
		Address	Shiners Quarter, Somerse Co, Md
Accident or Suicide?	—		



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

[Signature]

Name
in
Full

Emily Ann Smeade

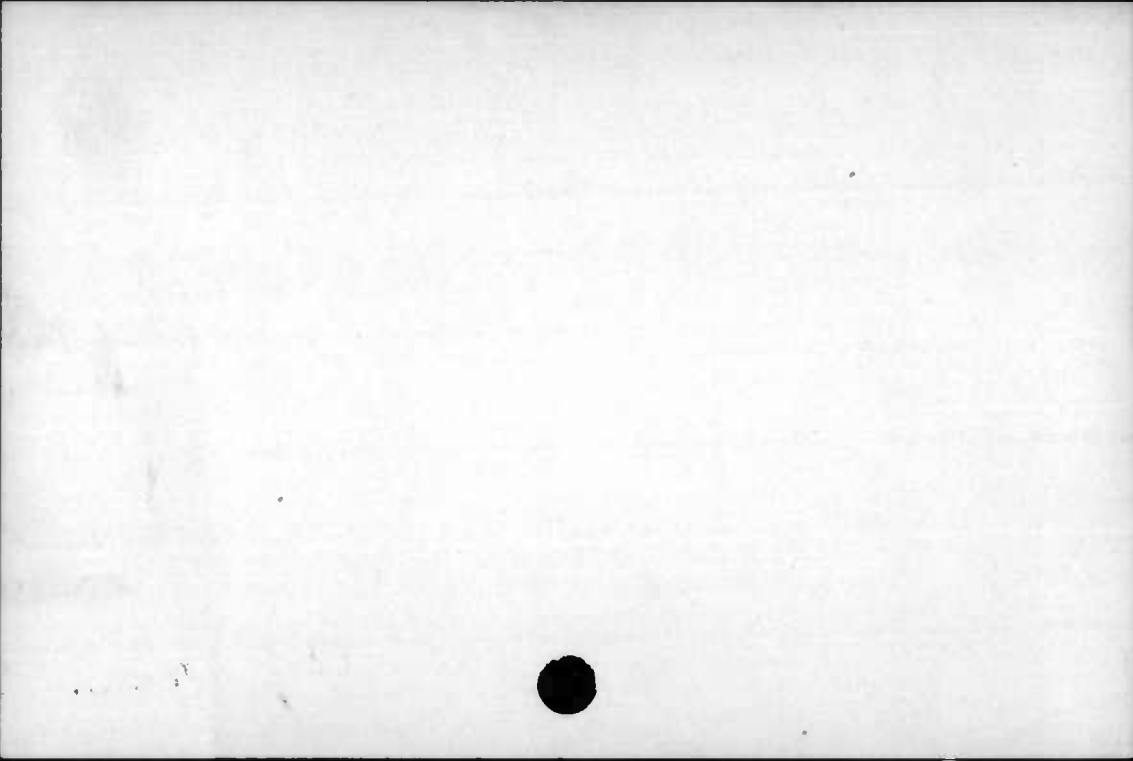
CERTIFICATE OF DEATH

Died at <i>Cowell</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death	1907	Month	February	Day	18
Age		Years		Months	2
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Cowell</i>	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Johnsons E. Smeade</i>		
Mother's Maiden Name			<i>Amanda W. Evans</i>		
Name of person giving information			<i>John E. Smeade</i>		
Father's Birthplace			<i>Smiths Island</i>		
Mother's Birthplace			<i>Smiths Island</i>		
How related to deceased			<i>Daughter</i>		

CAUSES OF DEATH

18

Primary	<i>Whooping-cough</i>	How long	<i>3 weeks</i>
Immediate	<i>Broncho-Pneumonia</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>A. H. James</i>	
Address		<i>Cowell, Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jessie M Stertung</i>		Town <i>Crisfield</i>		County <i>Somerset</i>		MARYLAND	
Died at <i>Crisfield</i>		Month <i>Feb</i>		Day <i>17</i>		Years <i>43</i>	
Date of death <i>1907</i>		Month <i>Feb</i>		Day <i>17</i>		Years <i>43</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Somerset Co</i>		Months <i>6</i>	
Occupation <i>House work</i>		Where Residing if not at place of death <i>Somerset Co</i>		Father's Name <i>Augustus Roche</i>		Father's Birthplace <i>Somerset Co.</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Purnell Stertung</i>		Mother's Maiden Name <i>Louise Lee Ward</i>		Mother's Birthplace <i>" "</i>	
Name of person giving information <i>Christopher C Ward</i>		How related to deceased <i>Uncle</i>		Father's Birthplace <i>Somerset Co.</i>		Mother's Birthplace <i>" "</i>	

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Acute Indigestion</i>	How long	<i>4 days</i>
Immediate	<i>Heart Failure</i>	How long	<i>5 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>L E Galloway</i>	
Address		<i>Crisfield</i>	
Accident or Suicide?		<i>No</i>	

?

Name
in
Full

Helen Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>New Orleans</u> <small>Town</small>		<u>Somerset</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	<u>2</u> <small>Month</small>	<u>9</u> <small>Day</small>	Age <u>3</u> <small>Years</small>	<u>3</u> <small>Months</small>	<u>✓</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>ind</u>		
Occupation <u>✓</u>			Where Residing if not at place of death <u>✓</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>✓</u>			
Father's Name <u>Harold Taylor</u>		Father's Birthplace <u>✓</u>			
Mother's Maiden Name <u>Maria Taylor</u>		Mother's Birthplace <u>ind</u>			
Name of person giving information <u>Harold Taylor</u>		How related to deceased <u>None</u>			

CAUSES OF DEATH

87

PHYSICIAN
OR CORONER

Primary <u>Sick several days with bad cold</u>	How long <u>✓</u>
Immediate <u>"W" Dr. in attendance"</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. Smith</u>
	Address <u>Pr. Ave. ind</u>
Accident or Suicide?	



Name
in
Full

Sallie Walston

CERTIFICATE OF DEATH

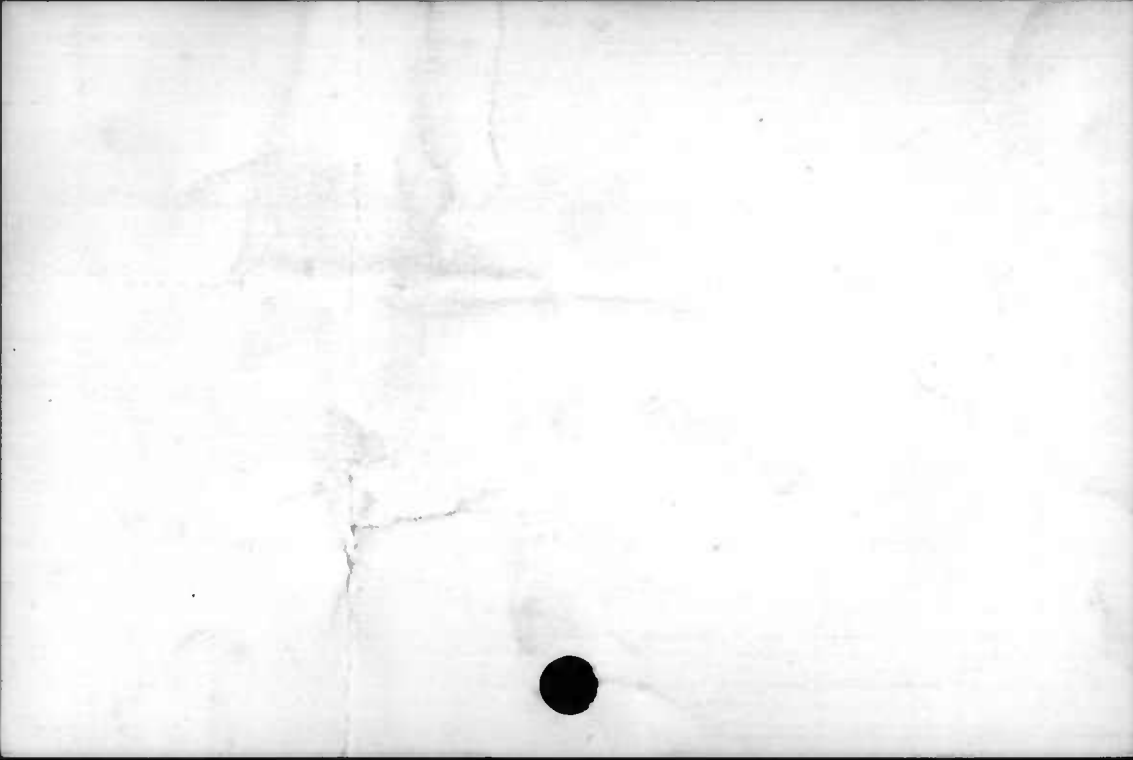
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Landonville</i>			Town <i>Landonville</i>		County <i>Sumner</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Feb</i>	Day <i>21</i>	Age <i>86</i>	Years	Months	Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Western Shore Va</i>				
Occupation <i>House Keeper</i>				Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>James J Walston</i>						
Father's Name <i>Unknown to D.</i>		Father's Birthplace <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>		Name of person giving information <i>Lillian Walston</i>		How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		<i>154</i>		How long	
Immediate <i>Ola Age & General debility</i>				How long <i>About 12 Mo.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr E J Miles</i>			
		Address <i>Upper Summit</i>			
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

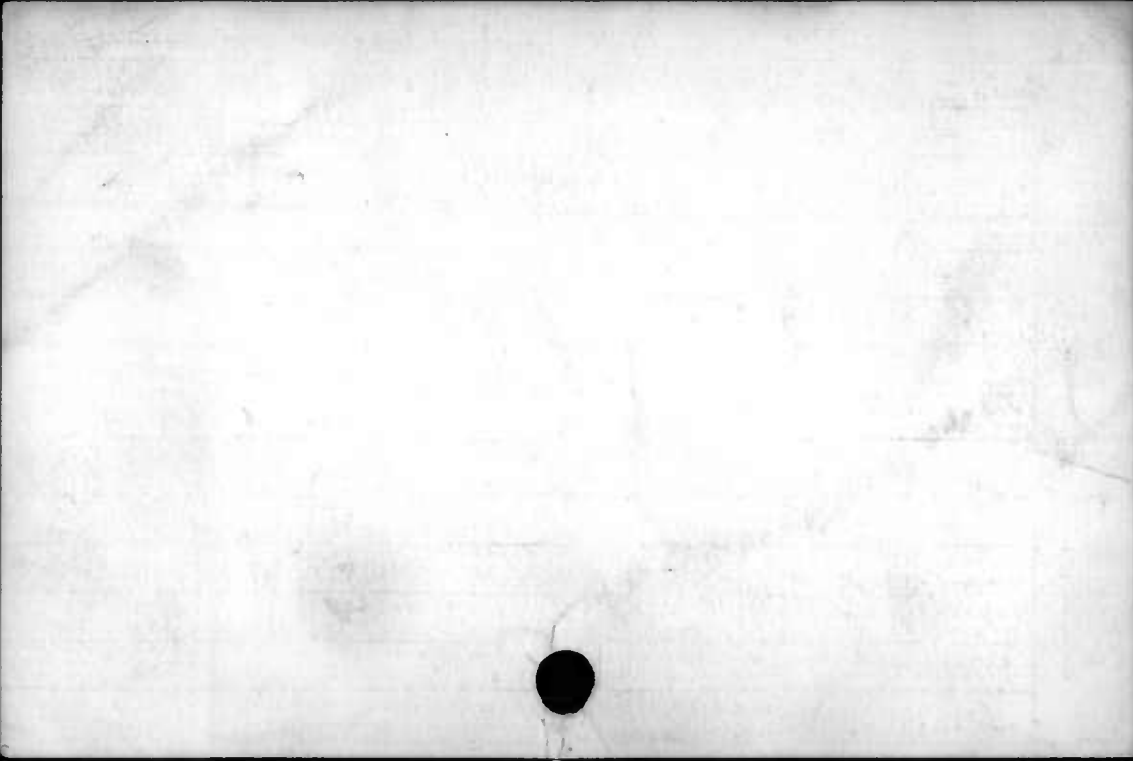
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Easton</i> Town <i>Easton</i> County <i>Howard</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb</i>	Day <i>16</i>	Age <i>57</i> Years Months Days
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>md</i>	
Occupation <i>Housework</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>John Waters</i>		
Father's Name <i>Arthur King</i>	Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Ebby</i>	Mother's Birthplace <i>md</i>		
Name of person giving information <i>John Waters Jr</i>	How related to deceased <i>son</i>		

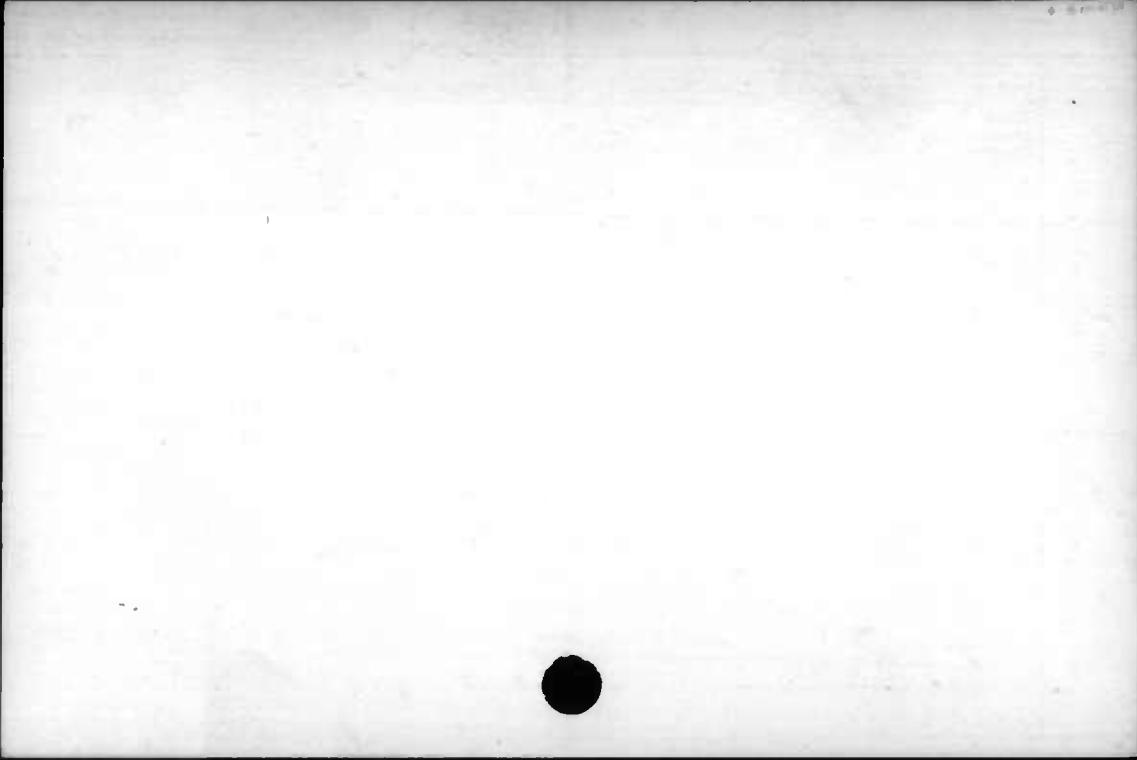
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Septicemia</i>	How long <i>4 yrs</i>
Immediate <i>Cardiac Pathology</i>	How long <i>Several weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. F. Fisher M.D.</i>
	Address <i>Success Avenue, Md.</i>
Accident or Suicide?	



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND	Died at		County		MARYLAND
	Date of death		Month	Day	Age
	Sex	Color or Race	Birth-place		
	Occupation		Where Residing if not at place of death		
	Married, Single or Widowed	Name of Wife or Husband			
	Father's Name	Father's Birthplace		Mother's Birthplace	
	Mother's Maiden Name	How related to deceased			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		How long		
	Immediate		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
	Accident or Suicide?		Address		



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marion</i> Town		<i>Williams</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>2</i>	Day <i>9</i>	Age <i>7</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Marion</i>		
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Geo Williams</i>			Father's Birthplace <i>Somerset Md.</i>		
Mother's Maiden Name <i>Mollie Dashiell</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Louis Parker</i>			How related to deceased <i>My father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	<i>27</i>	How long <i>4 mos.</i>
Immediate <i>Convulsions</i>		How long <i>about 1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. A. B. Allen</i>	
	Address <i>Marion, Maryland</i>	
Accident or Suicide?		

